

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

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Last Name Coburn	First Name and Middle Initial Thomas A	Annual Report Calendar Year Covered by Report: 2008	Senate Office / Agency in Which Employed Oklahoma
Senate Office Address (Number, Street, City, State, and ZIP Code) 172 RSOB Washington, DC 20510	Senate Office Telephone Number (Include Area Code) 202-224-5754	Termination Report Termination Date (mm/dd/yy):	Prior Office / Agency in Which Employed

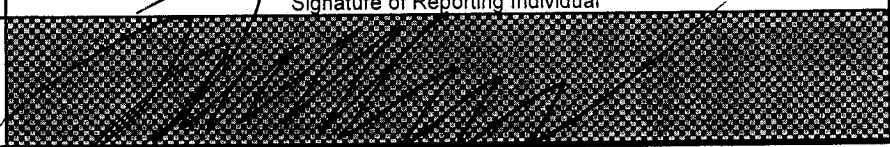
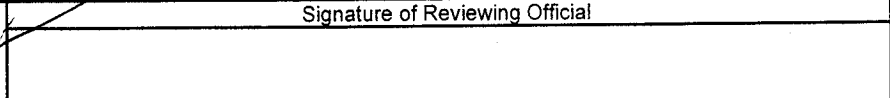
AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, Complete and Attach PART I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$335 from one source)? If Yes, Complete and Attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, Complete & Attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, Complete and Attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, Complete and Attach PART IV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, Complete and Attach PART IX.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If Yes, Complete and Attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, Complete and Attach PART X.	<input type="checkbox"/>	<input type="checkbox"/>

Each question must be answered and the appropriate PART attached for each "YES" response.

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)

Certification <i>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</i>	Signature of Reporting Individual 	Date (Month, Day, Year) 5/11/09
For Official Use Only - Do Not Write Below This Line		
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official 	Date (Month, Day, Year)

**FOR OFFICIAL USE ONLY
Do Not Write Below this Line**

MAY 11 2009 10:00 AM



Reporting Individual's Name

PART II. EARNED AND NON-INVESTMENT INCOME

Page Number

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Thomas A Coburn

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For you or your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

Individuals not covered by the Honoraria Ban:

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source

Address (City, State)

Type of Income

Amount

Example: JP Computers

Wash., DC

Example

Salary

Example

\$15,000

Example:

MCI (Spouse)

Arlington, VA

Example

Salary

Example

Over \$1,000

1 Muskogee Allergy Clinic

Muskogee, OK

Business income

\$268

2 Taber Development, LLC (spouse)

Muskogee, OK

Business income

\$6870

3

4

5

6

7

8

9

10

11

12

13



Thomas A Coburn

BLOCK A

Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, *CONTENTS OF REPORTS Part B of Instructions*) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B

Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
			X								
				X							

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income

Amount of Income

None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
	X							Example	X											Example
					X			Example	X											Example

Example: S, IBM Corp. (stock)
DC, or J (S) Keystone Fund

1	S American Bank of Oklahoma	X																		
2	S American Bank of Oklahoma	X																		
3	J Citizens Bank & Trust		X									X								
4	US Senate Federal Credit Union-savings		X																	
5	US Senate Federal Credit Union-checking	X																		
6	TD Ameritrade MMDA			X																
7	AT&T Inc	X																		
8	Bronco Drilling	X																		
9	Boardwalk Pipeline Partners	X																		
10	Dow Chemical	X																		

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.





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			X								
				X							

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											None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	
	Example: S, IBM Corp. (stock)		X							Example		X										Example
	Example: DC, (S) Keystone Fund						X			Example	X											Example
1	E M C Corp Mass	X									X											
2	General Electric Co		X								X											
3	Halliburton Co	X				X					X											
4	Helmerich & Payne Inc		X			X								X								
5	JP Morgan Chase & Co		X								X											
6	Pfizer Inc		X								X											
7	Transocean Ltd	X				X					X											
8	Devon Energy Corporation	X				X									X							
9	Standard Pacific Corp	X				X							X									
10	Tyson Foods Inc	X				X					X											

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			X								
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	X							Example	X											Example
					X			Example	X											Example
	X										X									
			X						X											
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	X							Example	X											Example
					X			Example	X											Example
			X						X											
			X						X											
			X						X											
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Amount of Income

Example: DC, or J		S,	IBM Corp. (stock)												X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										</
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.





PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Thomas A Coburn

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, **CONTENTS OF REPORTS Part B of Instructions**) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
- (2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

Example: S, IBM Corp. (stock)
DC, (S) Keystone Fund
or J

BLOCK B Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

BLOCK C Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																						
		At the close of reporting period. If None, or less than \$1,001, Check the first column.										Type of Income						Amount of Income																
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
Example: S, IBM Corp. (stock)					X										X						Example		X										Example	
Example: DC, or J (S) Keystone Fund						X												X			Example	X											Example	
1	Alliance Holdings GP, LP		X																			O&G											-336	
2	Boardwalk Pipeline Partners, LP		X																			O&G											-10	
3	Eagle Rock Energy Partners, LP		X																			O&G											-242	
4	Energy Transfer Equity, LP		X																			O&G											-164	
5	Energy Transfer Partners, LP		X																			O&G											17	
6	Navios Maritime Partners		X												X								X											
7	Nustar Energy, LP		X																			O&G											-8	
8	Oneok Partners, LP		X																			O&G											-168	
9	Williams Partners, LP	X																				O&G											56	
10																																		

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Thomas A Coburn

BLOCK A
Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of instructions) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

Example: S, IBM Corp. (stock)
or J (S) Keystone Fund

BLOCK B
Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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BLOCK C
Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income

Amount of Income

None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
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Example:	S,	IBM Corp. (stock)																			Example
	or J	(S) Keystone Fund				X															Example
1		Charles Schwab IRA***																			
2		***US Treas note 2.875 6/30/10			X																
3		***Fed Home Loan Bank 5.375 6/10/11		X																	
4		***Berk Hathaway 5.0 8/15/13		X																	
5		***Fortune brands 5.125 1/15/11		X																	
6		***General Electric Co 5.25 12/06/17		X																	
7		***Ingersoll Rand 6.391 11/15/27		X																	
8		***SBC Commun 5.625 6/15/16		X																	
9		***Southwest Airlines 6.5 3/01/12		X																	
10		***Schwab Cash Reserve				X															

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.





Thomas A Coburn

BLOCK A
Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, **CONTENTS OF REPORTS Part B of Instructions**) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

Example: S, IBM Corp. (stock)
or J (S) Keystone Fund

BLOCK B
Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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BLOCK C
Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income**Amount of Income**

None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
	X							Example	X											Example
				X				Example	X											Example
			X						X											
			X						X											
			X						X											
			X						X											
			X						X											
			X						X											
			X						X											
			X						X											
			X						X											

1	***Affymetrix Inc 3.5 1/15/38	X																		
2	***Airtran Holdings 7.0 7/01/23	X																		
3	***Americredit Corp 0.75 9/15/11	X																		
4	***Beazer Homes US 4.625 6/15/24	X																		
5	***Ceradyne Inc 2.875 12/15/35	X																		
6	***Encore Capital 3.375 9/19/10	X																		
7	***Lifetime Brands 4.75 7/15/11	X																		
8	***St Mary Land 3.5 4/01/27	X																		
9	***Standard Motor 6.75 7/15/09	X																		
10	***Toreador Resources 5.0 10/01/25	X																		

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.





BLOCK A

Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.
Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B

Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income

Amount of Income

		our dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement 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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.





BLOCK A

Identity of Publicly Traded Assets And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, **CONTENTS OF REPORTS Part B of Instructions**) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
- (2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B

Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Example: S, IBM Corp. (stock)
DC, or J (S) Keystone Fund

- S Encore Capital 3.375 9/19/10
- S Lifetime Brands 4.75 7/15/11
- S Standard Motor 6.75 7/15/09
- S Toreador Resources 5.0 10/01/25
- S Trex Co Inc 6.0 7/01/12
- S Yellow Corp 5.0 8/08/23
- S California St 5.75 5/01/30
- S Frisco Tex Indp Sch 5.0 8/15/19
- S Harris Cnty Tex 5.25 2/15/19
- S Jenks Okla 5.0 2/01/19

Type of Income										Amount of Income										Actual Amount Required if "Other" Specified																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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☐



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Thomas A Coburn

BLOCK A
Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, **CONTENTS OF REPORTS Part B of Instructions**) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
- (2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B
Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

BLOCK C
Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Example: S, IBM Corp. (stock)
DC, or J (S) Keystone Fund

1	S Madison Wis 4.25 8/01/10
2	S Oklahoma Cnty Okla 5.0 2/01/13
3	S Oklahoma St Cap 3.875 7/01/16
4	S Oklahoma St Cap 4.125 7/01/17
5	S Oklahoma St Cap 4.3 7/01/18
6	S Splendora Tex 4.25 2/15/21
7	S Tulsa Cnty Okla 5.0 1/01/12
8	S Tulsa Cnty Okla 5.0 5/15/12
9	S Fairchild Semiconductor 5.0 11/01/08
10	S UTStarcom Inc 0.875 3/01/08

Type of Income										Amount of Income										Actual Amount Required if "Other" Specified											
None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000
			X										X							Example		X									Example
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Thomas A Coburn

BLOCK A
Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, **CONTENTS OF REPORTS Part B of Instructions**) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

Example: S, IBM Corp. (stock)
or J (S) Keystone Fund

BLOCK B
Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
			X								
				X							

BLOCK C
Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income**Amount of Income**

		Amount of Income											Actual Amount Required if "Other" Specified																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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Example: DC, or J	S, IBM Corp. (stock) (S) Keystone Fund			X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			

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BLOCK A

Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, **CONTENTS OF REPORTS Part B of Instructions**) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

Example: S, IBM Corp. (stock)
or J (S) Keystone Fund

BLOCK B

Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
			X								
				X							

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income

Amount of Income

		Amount of Income										Type of Income										Actual Amount Required if "Other" Specified										
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust			Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000
Example: S, IBM Corp. (stock) DC, or J (S) Keystone Fund					X									X					X			Example	X									Example
1	S Alliance Holdings GP, LP	X																			O&G										-220	
2	S Boardwalk Pipeline Partners, LP	X																			O&G										-4	
3	S Eagle Rock Energy Partners, LP	X																			O&G										-286	
4	S Energy Transfer Equity, LP	X																			O&G										-109	
5	S Energy Transfer Partners, LP	X																			O&G										0	
6	S Navios Maritime Partners	X												X									X									
7	S Nustar Energy, LP	X																			O&G										-8	
8	S Oneok Partners, LP	X																			O&G										-230	
9	S Williams Partners, LP	X																			O&G										56	
10	S Regency Energy Partners, LP	X																			O&G										-606	

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Thomas A Coburn

BLOCK A
Identity of Non-Publicly Traded Assets and Unearned Income Sources

Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of instructions) for the production of income or investment in a non-public trade or business which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.

Example: S, JP Computer, Software Design,
or J, Wash DC
Undeveloped land, Dubuque, Iowa

BLOCK B
Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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BLOCK C
Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income								Amount of Income												
None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified

Example:	S, JP Computer, Software Design, Wash DC							Example		X										Example
	or J, Undeveloped land, Dubuque, Iowa				X			Example	X											Example
1	Note receivable-McIntosh Muskogee, OK	X											X							
2	Medical Equipment Muskogee, OK	X								X										
3	Profesional Building Partners, LLC Muskogee, OK					X								X						
4	Plaza Medical Center, LLC Muskogee, OK	X								X						X				
5	Muskogee Allergy Clinic Partnership Muskogee, OK	X						See Part II												See Part II
6	S Taber Development, LLC Muskogee, OK	X						See Part II												See Part II
7	Muskogee Diagnostic Imaging, LLC Muskogee, OK			X				Med Serv												12,000
8	Thomas A Coburn, MD, Inc Muskogee, OK		X					Med Serv												(22, 551)
9	Pinnacle Income Partners II Tulsa, OK				X			O&G												(27, 952)
10																				

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Thomas A Coburn

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Identification of Assets

Example: S, IBM Corp. (stock) NYSE
or J (DC) Microsoft (stock) NASDAQ/OTC

Transaction Type (x)

Purchase
Sale
Exchange

Transaction Date
(Mo., Day, Yr.)

Amount of Transaction (x)

\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
X				E	X	A	M	P	L	E
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7



PART IV. TRANSACTIONS

Thomas A Coburn

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Identification of Assets

Example: S, DC, or J
IBM Corp. (stock) NYSE
(DC) Microsoft (stock) NASDAQ/OTC

1	UTD Rentals TR I 6.5 PFD	x			3/19/08	x											
2	Affymetrix Inc 3.5 1/15/38	x			4/23/08	x											
3	Americredit Corp 0.75 9/15/11	x			2/21/08	x											
4	Beazer Homes US 4.625 6/15/24	x			6/17/08	x											
5	Berk Hathaway Fin 5.0 8/15/13	x			12/29/08		x										
6	California St 5.75 5/01/30	x			3/19/08	x											
7	Ceradyne Inc 2.875 12/15/35	x			3/25/08	x											
8	Fed Home Loan Bank 5.375 6/10/11	x			6/10/08	x											
9	Fortune Brands 5.125 1/15/11	x			6/27/08	x											
10	Franklin Bank 4.0 5/01/27	x			2/21/08	x											
11	Frisco Tex Indpt Sch 5.0 8/15/19	x			4/07/08	x											
12	Kraft Foods Inc 5.625 11/01/11	x			8/11/08	x											

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Thomas A Coburn

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Identification of Assets

S, Example: DC, or J		IBM Corp. (stock) NYSE			2 / 1 / 0X			X			E			X			A			M			P			L			E			
		(DC) Microsoft (stock) NASDAQ/OTC			1 / 27 / 0X						X			E			X			A			M			P			L			E
1	Lifetime Brands 4.75 7/15/11				x			6/23/08	x																							
2	Madison Wis 4.25 7/15/11				x			3/12/08	x																							
3	Splendora Tex 4.25 2/15/21				x			9/03/08	x																							
4	Trex Co Inc 6.0 7/01/12				x			2/19/08	x																							
5	US Treasury Note 2.875 6/30/10				x			7/25/08	x																							
6	Yellow Corp 5.0 8/08/23				x			2/21/08	x																							
7	IRA Owens III inc PFD					x		1/31/08	x																							
8	IRA US Treasury Bill 2/14/08					x		2/14/08						x																		
9	IRA Airtran Holdings 7.0 7/01/23				x			2/19/08	x																							
10	IRA Americredit 0.75 9/15/11				x			2/19/08	x																							
11	IRA Beazer Homes US 4.625 6/15/24				x			2/19/08	x																							
12	IRA Encore Capital 3.375 9/19/10				x			2/19/08	x																							

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
 *** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

☐



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Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Identification of Assets

S,
Example: DC,
or J

IBM Corp. (stock) NYSE

(DC) Microsoft (stock) NASDAQ/OTC

- | | Identification of Assets | Purchase | Sale | Exchange | Transaction Date (Mo., Day, Yr.) | \$1,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | Over \$1,000,000*** | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | Over \$50,000,000 |
|----|--------------------------------------|----------|------|----------|----------------------------------|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|---------------------|---------------------------|----------------------------|-----------------------------|-------------------|
| 1 | IRA Franklin Bank 4.0 5/01/27 | x | | | 2/19/08 | x | | | | | | | | | | |
| 2 | IRA Standard Motor 6.75 7/15/09 | x | | | 2/19/08 | x | | | | | | | | | | |
| 3 | IRA Trex Co inc 6.0 7/01/12 | x | | | 2/19/08 | x | | | | | | | | | | |
| 4 | IRA Yellow Corp 5.0 8/08/23 | x | | | 2/19/08 | x | | | | | | | | | | |
| 5 | IRA Toreador Resources 5.0 10/01/25 | x | | | 2/19/08 | x | | | | | | | | | | |
| 6 | IRA UTD Rentals 6.5 8/01/28 | x | | | 3/13/08 | x | | | | | | | | | | |
| 7 | IRA Ceradyne Inc 2.875 12/15/35 | x | | | 3/31/08 | x | | | | | | | | | | |
| 8 | IRA Affymetrix Inc 3.5 1/15/08 | x | | | 4/22/08 | x | | | | | | | | | | |
| 9 | IRA Fed Home loan bank 5.375 6/10/11 | x | | | 6/09/08 | x | | | | | | | | | | |
| 10 | IRA Lifetime Brands 4.75 7/15/11 | x | | | 6/17/08 | x | | | | | | | | | | |
| 11 | IRA Fortune Brands 5.125 1/15/11 | x | | | 6/26/08 | x | | | | | | | | | | |
| 12 | IRA US Treasury Note 2.875 6/30/10 | x | | | 7/23/08 | | x | | | | | | | | | |

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

☐



Thomas A Coburn

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Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Identification of Assets

S,
Example: DC,
or J

IBM Corp. (stock) NYSE

(DC) Microsoft (stock) NASDAQ/OTC

		Transaction Type (x)			Transaction Date (Mo., Day, Yr.)	Amount of Transaction (x)										
		Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
		X			2 / 1 / 0X		X			E	X	A	M	P	L	E
			X		1 / 27 / 0X				X	E	X	A	M	P	L	E
1	IRA Southwest Airlines 6.5 3/01/12	x			9/12/08	x										
2	IRA JPMorgan Chase & Co	x			10/13/08		x									
3	IRA St Mary Land 3.5 4/01/27	x			10/14/08	x										
4	IRA SBC Communs 5.625 6/15/16	x			10/16/08	x										
5	IRA Berk Hathaway 5.0 8/15/13	x			12/22/08	x										
6	S Fairchild Semiconductor 5.0 11/01/08		x		6/10/08	x										
7	S UTStarcom Inc 7.625 3/01/08		x		3/03/08	x										
8	S El Paso Tex 5.0 8/15/24		x		8/15/08	x										
9	S Williams Partners, LP		x		6/10/08	x										
10	S Boardwalk Pipeline Partners	x			7/03/08	x										
11	S Navios Maritime Partners	x			7/03/08	x										
12	S Nustar Energy, LP	x			7/03/08	x										

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
 *** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Identification of Assets

S,
Example: DC,
or J

IBM Corp. (stock) NYSE

(DC) Microsoft (stock) NASDAQ/OTC

Transaction
Type (x)

Purchase

Sale

Exchange

Transaction
Date
(Mo., Day, Yr.)

Amount of Transaction (x)

\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
X				E	X	A	M	P	L	E
			X	E	X	A	M	P	L	E
X										
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Thomas A Coburn

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Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Identification of Assets

Example: S,
DC,
or J

IBM Corp. (stock) NYSE

(DC) Microsoft (stock) NASDAQ/OTC

1 S Lifetime Brands 4.75 7/15/11

2 S Madison Wis 4.25 7/15/11

3 S Splendora Tex 4.25 2/15/21

4 S Trex Co Inc 6.0 7/01/12

5 S US Treasury Note 2.875 6/30/10

6 S Yellow Corp 5.0 8/08/2

7 S Tulsa Cnty Okla Ind 5.0 5/15/12

8 S Tulsa Cnty Okla Ind 5.0 1/01/01

9 S IRA US Treasury Bill 2/14/08

10 S IRA GATX Finl Corp 8/875 6/01/09

11

12

Transaction Type (x)

Purchase
Sale
Exchange

Transaction Date
(Mo., Day, Yr.)

Amount of Transaction (x)

\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
	X			E	X	A	M	P	L	E
			X	E	X	A	M	P	L	E
X										
X										
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X										
X										
	X									
X										

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Thomas A Coburn

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY,NY EXAMPLE	Non-profit education	President	6 / 90	Present
	Jones & Smith	Hometown, USA EXAMPLE	Law Firm	Partner	7 / 95	11 / 0X
1	Professional Building Partners, LLC	Muskogee, OK	Real estate LLC	Manager	1/88	Present
2	Plaza Medical Center, LLC	Muskogee, Ok	Real estate LLC	Manager	1/90	12/08
3	Thomas A Coburn, MD, Inc	Muskogee, OK	Medical clinic	President	11/85	Present
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Compensation in excess of \$200 from any position must be reported in Part II.



Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book or sale of other intellectual property), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.

Status and Terms of any Agreement or Arrangement

Parties

Date

Example:

Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)

Jones & Smith, Hometown, USA

Example

1 / 93

Employment agreement with XYZ Co. to become Vice President of Government Relations. Terms of agreement include salary between \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock options

XYZ Co., Bethesda, MD

Example

1 / 0X

1 Agreement to collect accounts receivable from prior services as a physician

Muskogee Allergy Clinic Partnership

3/05

2 Agreement to collect accounts receivable from prior services as a physician

Maternal & Family Practice Associates, LLC

4/05

3

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14

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

<http://lobbyingdisclosure.house.gov>

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

<http://www.senate.gov/lobby>

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name ☒ Organization/Lobbying Firm ☐ Self Employed Individual

AFFYMETRIX, INC

2. Address ☐ Check if different than previously reported

Address1 **3380 CENTRAL EXPRESSWAY** Address2 _____
City **SANTA CLARA** State **CA** Zip Code **95051** - Country **USA**

3. Principal place of business (if different than line 2)

City _____ State _____ Zip Code _____ - Country _____

4a. Contact Name

b. Telephone Number

c. E-mail

5. Senate ID#

Barbara Caulfield

☐ International Number

(408) 731-5151

barbara_caulfield@affymetrix.com

75991-12

7. Client Name ☒ Self ☐ Check if client is a state or local government or instrumentality

6. House ID#

AFFYMETRIX, INC

360980000

TYPE OF REPORT 8. Year **2008** Q1 (1/1 - 3/31) ☒ Q2 (4/1 - 6/30) ☐ Q3 (7/1-9/30) ☐ Q4 (10/1 - 12/31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☒ Termination Date **03/31/2008** 11. No Lobbying Issue Activity ☐

INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

12. Lobbying

INCOME relating to lobbying activities for this reporting period was:

Less than \$5,000 ☐

\$5,000 or more ☐ \$ _____

Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSE relating to lobbying activities for this reporting period were:

Less than \$5,000 ☐

\$5,000 or more ☒ \$ **\$ 40,000.00**

14. REPORTING Check box to indicate expense accounting method. See instructions for description of options.

- ☒ **Method A.** Reporting amounts using LDA definitions only
- ☐ **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
- ☐ **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Signature

Filed Electronically

Date **04/18/2008**

Printed Name and Title **Barbara Caulfield, Executive Vice President and General Counsel**

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code

HCR

HEALTH ISSUES

(one per page)

16. Specific lobbying issues

Issues regarding (1) genetic privacy and nondiscrimination; (2) access to healthcare technology advances; and (3) personalized medicine. Specific legislation: S.306, Genetic Information Nondiscrimination Act (the entire bill) and S.1551, Comprehensive Tuberculosis Elimination Act (the entire bill).

17. House(s) of Congress and Federal agencies ☐ Check if None

U.S. HOUSE OF REPRESENTATIVES, U.S. SENATE

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Jennifer	Leib			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Printed Name and Title

Barbara Caulfield, Executive Vice President and General Counsel

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code

SCI

SCIENCE/TECHNOLOGY

(one per page)

16. Specific lobbying issues

Issues regarding intellectual property and furthering research. Specific legislation: HR 977, Genomic Research and Accessibility Act (the entire bill).

17. House(s) of Congress and Federal agencies ☐ Check if None

U.S. HOUSE OF REPRESENTATIVES, U.S. SENATE

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Jennifer	Leib			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Printed Name and Title

Barbara Caulfield, Executive Vice President and General Counsel

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
---	--

Secretary of the Senate
Received: Feb 13, 2008

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - **All Filers Are Required To Complete This Page**

1. Registrant Name:

AFFYMETRIX

2. Address:

3380 CENTRAL EXPRESSWAY, SANTA CLARA, CA 95051

3. Principal place of business (if different from line 2):

4. Contact Name: JENNIFER R. LEIB

Telephone: 2027561316

E-mail (optional): Jennifer_Leib@affymetrix.com

Senate ID #: 75991-12

House ID #:

7. Client Name: ☒ Self

TYPE OF REPORT

8. Year 2007 Midyear (January 1 - June 30): ☐ **OR** Year End (July 1 - December 31): ☒

9. Check if this filing amends a previously filed version of this report: ☐

10. Check if this is a Termination Report: ☐ => Termination Date: 11. No Lobbying Activity: ☐

INCOME OR EXPENSES

Complete Either Line 12 **OR** Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000: ☐

\$10,000 or more: ☐ => Income (nearest \$20,000): _____

Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000: ☐

\$10,000 or more: ☒ => Expenses (nearest \$20,000): 220,000.00

14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

- ☒ **Method A.** Reporting amounts using LDA definitions only
☐ **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
☐ **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: AFFYMETRIX Client Name: Self

LOBBYING ACTIVITY.

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: HCR (one per page)

16. Specific lobbying issues:

Issues regarding (1) genetic privacy and nondiscrimination; (2) access to healthcare technology advances; (3) personalized medicine; and (4) appropriations for National Institute of Health. Specific legislation: S.306, Genetic Information Nondiscrimination Act (the entire bill) and S.1551, Comprehensive Tuberculosis Elimination Act (the entire bill).

17. House(s) of Congress and Federal agencies contacted:

HOUSE OF REPRESENTATIVES
SENATE

18. Name of each individual who acted as a lobbyist in this issue area:

Name: LEIB, JENNIFER

Covered Official Position (if applicable): N/A

Name: WELLS, ROBERT C.

Covered Official Position (if applicable): N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above. **None**

Registrant Name: AFFYMETRIX Client Name: Self

LOBBYING ACTIVITY.

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: SCI (one per page)

16. Specific lobbying issues:

Issues regarding intellectual property and furthering research. Specific legislation: HR 977, Genomic Research and Accessibility Act (the entire bill).

17. House(s) of Congress and Federal agencies contacted:

HOUSE OF REPRESENTATIVES

SENATE

18. Name of each individual who acted as a lobbyist in this issue area:

Name: LEIB, JENNIFER

Covered Official Position (if applicable): N/A

Name: WELLS, ROBERT C.

Covered Official Position (if applicable): N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above. **None**

Signature: ON FILE Date: Feb 13, 2008

Printed Name and Title: JENNIFER R. LEIB, DIRECTOR OF -

Registrant Name: AFFYMETRIX Client Name: Self

Information Update Page:

Complete ONLY where registration information has changed.

LOBBYIST UPDATE

23. Name of each previously reported individual who is NO LONGER expected to act as a lobbyist for the client

Name: WELLS, ROBERT C.

ISSUE UPDATE

24. General lobbying issues previously reported that NO LONGER pertain

AFFILIATED ORGANIZATIONS

25. Add the following organization(s)

26. Name of each previously reported organization that is NO LONGER affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization

Signature: ON FILE Date: Feb 13, 2008

Printed Name and Title: -

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

Secretary of the Senate
Received: Aug 08, 2007

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - **All Filers Are Required To Complete This Page**

1. Registrant Name:

AFFYMETRIX

2. Address:

3380 CENTRAL EXPRESSWAY, SANTA CLARA, CA 95051

3. Principal place of business (if different from line 2):

4. Contact Name: ROBERT C. WELLS

Telephone: 2027561354

E-mail (optional): Robert_Wells@affymetrix.com

Senate ID #: 75991-12

House ID #:

7. Client Name: ☒ Self

TYPE OF REPORT

8. Year 2007 Midyear (January 1 - June 30): ☒ **OR** Year End (July 1 - December 31): ☐

9. Check if this filing amends a previously filed version of this report: ☐

10. Check if this is a Termination Report: ☐ => Termination Date: 11. No Lobbying Activity: ☐

INCOME OR EXPENSES

Complete Either Line 12 **OR** Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000: ☐

\$10,000 or more: ☐ => Income (nearest \$20,000): _____

Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000: ☐

\$10,000 or more: ☒ => Expenses (nearest \$20,000): 320,000.00

14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

- ☒ **Method A.** Reporting amounts using LDA definitions only
☐ **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
☐ **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: AFFYMETRIX Client Name: Self

LOBBYING ACTIVITY.

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: DEF (one per page)

16. Specific lobbying issues:

17. House(s) of Congress and Federal agencies contacted: **None**

18. Name of each individual who acted as a lobbyist in this issue area:

19. Interest of each foreign entity in the specific issues listed on line 16 above: **None**

Registrant Name: AFFYMETRIX Client Name: Self

LOBBYING ACTIVITY.

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: HCR (one per page)

16. Specific lobbying issues:

Issues regarding (1) genetic privacy and nondiscrimination; (2) access to healthcare technology advances; (3) personalized medicine; and (4) appropriations for National Institute of Health, Specific legislation: S.306, Genetic Information Nondiscrimination Act (the entire bill).

17. House(s) of Congress and Federal agencies contacted:

HOUSE OF REPRESENTATIVES

SENATE

18. Name of each individual who acted as a lobbyist in this issue area:

Name: KREINER, THANE

Covered Official Position (if applicable): N/A

Name: LEIB, JENNIFER

Covered Official Position (if applicable): N/A

Name: WELLS, ROBERT C.

Covered Official Position (if applicable): N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above. **None**

Registrant Name: AFFYMETRIX Client Name: Self

LOBBYING ACTIVITY.

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: SCI (one per page)

16. Specific lobbying issues:

Issues regarding intellectual property and furthering research. Specific legislation: HR 977, Genomic Research and Accessibility Act (the entire bill).

17. House(s) of Congress and Federal agencies contacted:

HOUSE OF REPRESENTATIVES

SENATE

18. Name of each individual who acted as a lobbyist in this issue area:

Name: KREINER, THANE

Covered Official Position (if applicable): N/A

Name: LEIB, JENNIFER

Covered Official Position (if applicable): N/A

Name: WELLS, ROBERT C.

Covered Official Position (if applicable): N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above. **None**

Signature: ON FILE Date: Aug 08, 2007

Printed Name and Title: ROBERT C. WELLS, VICE PRESIDENT, GOVERNMENT RELATI -

Registrant Name: AFFYMETRIX Client Name: Self

Information Update Page:

Complete ONLY where registration information has changed.

LOBBYIST UPDATE

23. Name of each previously reported individual who is NO LONGER expected to act as a lobbyist for the client

Name: KREINER, THANE

ISSUE UPDATE

24. General lobbying issues previously reported that NO LONGER pertain

DEF

AFFILIATED ORGANIZATIONS

25. Add the following organization(s)

26. Name of each previously reported organization that is NO LONGER affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization

Signature: ON FILE Date: Aug 08, 2007

Printed Name and Title: -

